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UTILITY PATENT APPLICATION **TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

	<u> </u>
Attorney Docket No.	P0057US10
First Inventor	John R. WALKER
Title	METHODS FOR TREATING DRUG ADDICTION
Express Mail Label No.	EV 245363867 US

APPLICATIO	J EL EMENTS				Patent Application	
See MPEP chapter 600 concerning utility			ADDRESS TO:	P.O. Box	ioner for Patents	
			<u> </u>		a VA 22313-1450	
1. See Transmittal Form (e.g. (Submit an original and a duplicate 2. Applicant claims small enti See 37 CFR 1.27. 3. Specification (preferred arrangement set for - Descriptive title of the Inventi - Cross Reference to Related / Statement Regarding Fed sp - Reference to sequence listing or a computer program listing - Background of the Invention - Brief Summary of the Invention - Brief Summary of the Description - Claim(s) - Abstract of the Disclosure 4. Drawing(s) (35 U.S.C.113) 5. Oath or Declaration a. Newly executed (original b. Copy from a prior applicati (for a continuation/division i. DELETION OF INVE Signed statement attached named in the prior applicati 1.63(d)(2) and 1.33(b). 6. Application Data Sheet. See	Total Sheets [Total Sheets or copy) Ition (37 CFR 1.63 (d)) Ition (37 CFR 1.63 (d))]]]	(if applicable, all if a.	CD-R in duplicogram (Apper Amino Acid necessary) eadable Forrequence Listifur CD-R (2 coverifying identifur Anying Apper Anying Appers (coverifying identifus) Anying Appers (coverifying identifus) Disclosure (IDS)/PTO-14 Amendmentifus Appers (coverifically in appers (cov	cate, large table or ndix) Sequence Submission n (CRF) ng on: opies); or htty of above copies PLICATIONS PARTS ver sheet & document(s)) nent	
			17. Other:			
18. If a CONTINUING APPLICATION, che	eck appropriate box, and s	upply	the requisite information	below and in	a preliminary amendment,	
or in an Application Data Sheet under 3						
		п-рап	• •		lo: <u>PCT</u> / <u>US02/11094</u>	
Prior application information: Examiner Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.						
	19. CORRES	PON	IDENCE ADDRESS			
☑ Customer Number	omer Number 2949		90	OR		
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Country	State Telephone			Zip Code Fax		
Name (Print/Type) Timothy L.		R	egistration No. (Attorney/A		35,367	
Signature		Date	October 6, 2003			

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL

Electronic Version v08 Stylesheet Version v08.0

> Title of Invention

METHODS FOR TREATING DRUG ADDICTION

Application Number:

Date:

First Named Applicant: Dr. John R. WALKER

Attorney Docket Number: P0057US10

TOTAL FEE AUTHORIZED \$2270

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as large entity

BASIC FILING FEE

Fee Description	Fee Code	Amount \$	Fee Paid \$				
Utility Filing Fee	1001	770	770				
Subtotal For Basic Filing Fee: \$770							

EXTRA CLAIM FEES

Fee Description	Extra Claims	Fee Code	Amount \$	Fee Paid \$		
Total Claims: 89	69	1202	18	1242		
Independent Claims: 6	3	1201	86	258		
Subtotal For Extra Claims Fees: \$ 1500						

AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number: 501885

Deposit name:

Genomics Institute of the Novartis Research Foundation

Deposit authorized name: Timothy L. Smith

Signature:

/Timothy L. Smith 2003-10-06

Date (YYYYMMDD):

2003-10-06